ENTRY BLANK

PLEASE TYPE OR PRINT &ORDANA Ms. Mr. Artist G. MALFIIN MESAROVICH (Last Name Last) 1461 SHELBURNERD. CLEVFLAUS Zip Area Code Temporary or Studio Address. Street Daytime Tel. (Zip Area Code If you do not presently live in one of the counties of the Western Reserve, in which county were you born? Collaborator _ (If Any) If May Show entries are not accepted or not sold: Artist will pick up at Museum. ☐ Museum should dispose of. ☐ Museum should ship to artist at artist's expense to this address: **Special Instructions** When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This Entry blank must be fully made out and signed. Unsigned Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until June 29, 1986.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed in the Entry Information.

DO NOT DETACH

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